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ABSTRACT

The paper describes a data collection system useful for monitoring the progress of severely and profoundly retarded clients. Three studies are reviewed which utilized data based systems: a staff injury prevention program with eight employees, a program which taught instruction following skills to 59 severely and profoundly retarded adults, and a program which taught communication skills to five profoundly retarded adults. It is explained that client performance was rated utilizing target behaviors which were task analyzed into response chains consisting of verbal and physical actions and defined levels of staff-client interaction. The data system is seen to provide a basis for client progress evaluation and accountability for group or individualized therapy programs. (SBH)

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Evaluating Client Progress: A Data Based System For Group or Individualized Therapy

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Evaluating Client Progress: A Data Based System For Group or Individualized Therapy

In the past the progress of severely and profoundly retarded persons was summarized using anecdotal reports. The anecdotal reports were not supported by systematic observations but were general summaries of each client's adaptation to the custodial and medical care oriented facility (Congdon, 1974; Sarason and Gladwin, 1958; Goffman, 1961). During the period of medical custodial treatment the "training" or "behavioral potential" of the severely and profoundly retarded person was represented by diagnosis and classification utilizing standardized intelligence tests, medical syndromes, and sensory and perceptual measures (Congdon, 1974; Berkson and Dwyer, 1977; Kamper and Saslow, 1965; Sarason and Gladwin, 1958; Goffman, 1961).

Recently the trend in group and individualized therapy emphasizes the description of client progress utilizing data based methodology (Gold, 1973; Crosby, 1976; Joint Commission on Accreditation of Hospitals, 1975; Cronin, 1977; Jackson and Antonelli, 1978). This metholology involves conducting a functional analysis of client behavior which investigates the relationship of behavior to those environmental events or situations in which the behavior is naturally observed (Kanfer and Saslow, 1965; Ferster, 1965).

Kanfer and Saslow (1965) emphasize the importance of utilizing data based systems which identify factors which currently control the clients life pattern. They also de-emphasize the method of diagnostic

evaluation and classification as never complete when utilized as a sole criterion.

The trend toward systematic functional observation methods has resulted in two major developments in client treatment and program development. First, the development of adaptive behavior checklists or rating scales. Second, the development of data based program accountability systems which monitor a client's progress on a daily basis with periodic summaries.

Adaptive behavior assessment. Varieties of adaptive behavior assessment instruments have been developed which provide behavioral descriptions of the severely and profoundly retarded person. Typically these instruments emphasize four methods of recording information:

1. Direct observation of the client by the rater or as recorded by data based systems.

2. Memory ratings by staff who have worked with the client.

3. Group consensus ratings resulting from group discussion.

4. Interview process in which raters interview staff who work with the client (Anna Behavioral Profile, 1977; Walls and Werner, 1977; Lincoln Behavior Scale, 1975; Abelson and Payne, 1969; Balthazar and English, 1969; McKinney, 1962; Congdon, 1973, 1974; Naor and Balthazar, 1975).

Depending on the utilization of the instrument the results can be as useful as the anecdotal reports of the past or can provide valuable guidelines to individuals developing client Individual Program Plans. Some of the issues typically encountered in the utilization of assessment instruments are:

1. The frequency of client ratings or administrations.

2. The method by which ratings are made.

3. Consistency of client behavior as described by ratings.

4. The validity or reliability of ratings and the instrument.

5. Identification of variables which result in rating changes as clients participate in future assessments.

6. Staff training, and utilization of data (Berkson and Dwyer, 1975; Wall and Werner, 1977; Kanfer and Saslow, 1965).

Data based programs. The data based program system provides supportive information for adaptive behavior assessments as well as periodic client progress reviews (Gold, 1973; Schnitker and Boeker, 1978; Congdon, 1974; Jackson and Antonelli, 1978; Shane, 1974).

Typically these data systems provide the following information:

1. Client participation in programs.

2. Therapy methods.

3. Client performance as defined by acquisition of behavior.

4. The degree to which the client performs tasks requiring staff assistance.

5. Client behavior as it is related to program instructors.

6. Reinforcers utilized.

7. Task analysed target behaviors (Gold, 1972,1973; Shane, 1974; Congdon, 1974; Jackson and Antonelli, 1978; Karen, Wehman, Renzaglia, and Schutz, 1977; Williams, 1967; Crosson, 1969; Redd and Birbrauer, 1969).

Some issues which were typically encountered utilizing such data based systems include:

1. Staff training and follow up observations.

2. Reliability studies on criterion and staff observation skills.

3. Criterion must account for staff-client and client to client interactions.

4. Target behavior criterion must be descriptive and valid.

5. Therapy methods must be systematically applied.

6. Materials preparation and supply included data forms, procedures, equipment.

7. Data utilization, retrieval and storage (Guthrie, Heighton, Keeran, and Payne, 1976; Jackson and Antonelli, 1978; Congdon, 1974; Shane, 1974; Antonelli, 1974; Schnitker and Boeker, 1978).

Typically data base systems are limited by the criterion which they measure. The criterion may not identify the stimulus to which a client responded due to the criterion being too general or specific (Jackson and Antonelli, 1978; Shane, 1974; Watson, 1972; Congdon, 1974; Karen et.al., 1977; Schnitker and Boeker, 1978).

Jackson and Antonelli (1978), describe a data system which provides three general definitions so that client performance can be described as 3. Independent functioning, 2. Requiring prompts, and 1. Requiring complete assistance. These three definitions were applied with over 100 task analysed behavioral programs after being broken down into more specific staff-client interaction levels:

a. Independent functioning in response to natural cues.

3. b. Self initiated in trainers presence.

c. Verbal prompts.

d. Verbal with model prompts.

e. Verbal with gesture prompts.

2. f. Verbal with occasional physical prompts.

g. Verbal with constant physical assistance.

i. h. Behavior does not occur in response to any form of prompt.

Reliability studies by Jackson and Antonelli (1978) and Antonelli (1974) indicated that in some institutional settings levels d through a could not be observed due to the physical arrangement of the living area as well as the numerous modeling, verbal, and gestural cues displayed when staff interacted with clients in groups. Reliability studies were utilized to identify staff training needs as well as to provide a follow up check on staff observation and recording skills in applying the coded data system (Antonelli, 1974).

A similar system was applied at the Anna Mental Health and Developmental Center's Developmental Learning Division by Antonelli, Olson, Hester, and Travis (1978 a,b), which investigates the variable of proximity when verbal instructions and prompts are presented. See Table 1.

The present study describes the implementation and utilization of a data based system within a group or individual therapy situation. This system was applied with clients and persons who are being taught skills which involve verbal and physical actions.

Method

Three studies are reviewed which utilized data based systems similar to the one described by Jackson and Antonelli (1978). The data system described participant performance utilizing 1. Target behaviors as defined by task analyzed response chains, (See Table 2) and 2. The degree of staff client interactions which the participant required to perform specific target behaviors or response chain components. See Table 1.

Subjects. The first study describes a staff injury prevention program which was conducted with a group of eight employees. The subjects were mental health technicians at a state operated facility.

The second study describes a program which taught instruction following skills to fifty-nine severely and profoundly retarded adult males and females. The average length of institutionalization of this group of subjects was twenty five years. IQ's ranged from 04 to 27 as measured by standardized intelligence tests. The mean IQ was 14.

The third study describes a program which taught communication skills to five profoundly retarded adult males. The average length of institutionalization of this group of subjects was twenty-five years. IQ's ranged from non-testable to 18, as measured by standardized intelligence tests.

Procedure. Staff preparation and implementation.

1. The target behaviors to be taught were task analyzed into the sequence of verbal and/or nonverbal (physical actions) response components which the participant would be taught. The sequence was numbered for data collection. See Table 2.

2. The method of instruction e.g. behavioral rehearsal, fading, and task presentation were specified so that therapists had a format for conducting sessions.

3. The method of data collection utilized a coded data system on which the therapist recorded the clients performance of the target behavior components and the level of staff-client interaction.

The coded data system allowed the therapist to collect data on participants immediately after training and prior to working with other clients in a group situation. When the participants target behavior involved verbal responses, a tape recorder was utilized.

4. Staff-client interaction levels were specified utilizing definitions with defined criterion. See Table 1.

5. Materials such as data sheets, therapy materials, reinforcers, and the location of the session were prepared.

6. Staff training was conducted on the job utilizing instructors who demonstrated instruction and data collection methods. The staff member then practiced and was observed by the instructor. Reliability sessions were used to evaluate the data system criterion, instructor observation skills, and data recording skills.

Data collection. Study I utilized a pretest-posttest in which participants were tested on their skills in protecting themselves in 14 situations. The participant was allowed to perform as many components of target behaviors as he could at staff-client interaction levels of 9 and 8. Target behaviors which required staff-client interaction levels of 7 through 1 were recorded.

Study II and III utilized baseline-treatment evaluations and pretest-posttest evaluations. The client was allowed to perform as much of the target behavior as possible at staff-client interaction levels of 9, 8, and 7. The response component recorded was the first on which the client required staff assistance as defined by levels 6 through 1. The level of assistance recorded was the level at which

the client performed the component or target behavior. Instruction following criterion was performance at a staff-client interaction level of 7. The therapist recorded two numerical values per client per target behavior: 1. Response component (See Table 2), 2. Level of staff-client interaction (Table 1).

Data Analysis. When the response component recorded remained the same through all conditions, the analysis utilized was a comparison of staff-client interaction levels for the purpose of determining if the participant had performed more independently. The following mathematical operations were used to summarize data for comparison: the mean level of staff-client interaction, percent of interactions at various levels, the frequency of interactions at various levels (Jackson and Antonelli, 1978; Antonelli and Haseley, 1974; Berman, 1973).

When the response components recorded were different through all conditions, the analysis utilized was a comparison of component levels for the purpose of determining if the participant acquired more components of the target behavior at staff-client interaction criterion levels. The response components recorded were compared utilizing the same mathematical operations outlined when comparing staff-client interaction levels. An analysis of staff-client interactions per response component was also conducted (Jackson and Antonelli, 1978).

Participant performance indicators.

1. Performance improvement.

a. The participant performs the components of a target behavior more independently when staff-client interaction levels are

compared. The components were constant through baseline treatment conditions or pre and posttesting procedures.

b. The participant performs additional components of the response chain at criterion levels of staff-client interaction when components recorded in baseline and treatment or pre- and posttesting procedures are compared.

2. Performance maintained.

c. The client performs at the same target behavior component level throughout conditions or tests.

d. The client performs the task components identified in criterion c at the same level of staff-client interaction throughout conditions or tests.

3. Performance decrease.

e. The client performs at a task component level which is below baseline or pretest measures.

f. The client performs the same task component throughout observation conditions with greater degrees of staff-client interaction (less independently).

Results

Study I. Staff injury prevention program (Antonelli and Grace, 1978). A staff injury prevention program was conducted during which participants were taught a series of maneuvers which allowed them to block combative actions (such as strikes and kicks), escape from various one and two hand grasps. A pretest was given which evaluated the participants ability to protect himself in 14 situations involving various aggressive actions. After each participant was pretested they were trained as a

group utilizing modeling, graduated assistance, and behavior rehersal, with cadence in one 4½ hour session. After training, the participants were posttested and rated on their ability to utilize the maneuvers learned in training. Participants who met criterion performed the responses at a 9 and 8 level. Participants who required more training or practice were those who performed specific maneuvers at levels 7-2. . Follow up posttests were recommended to monitor performance and identify future training needs.

Study II. Prevocational programs (Antonelli, Olson, Hester, and Travis, 1978b; Antonelli, Olson, and Fodor, 1978). This study replicated an earlier study by Jackson and Antonelli (1978) and Antonelli (1974) and Congdon (1974). Fifty nine severely and profoundly retarded clients were taught to follow 16 verbal instructions. The target criterion for performance of instruction following tasks was a 7 level. Training sessions were conducted after baseline or pretest measures. Each training session lasted 45 minutes. During training the instruction was given and behavior rehearsal, fading, and reinforcement methods were utilized. Group sizes and members were held constant.

On activity I (Table 2) 86% of the clients performed more independently on instruction following tasks after training. On activity II (Table 2) 92% of the clients performed more independently on instruction following tasks after training.

Study III. Individual language stimulation (Antonelli, 1973). Five profoundly retarded clients participated in individualized programs for 30 minutes per day. The task involved imitating vowel sounds, word lists, and identifying objects and pictures by pointing

and saying or signing appropriate name. The data system was limited for verbal behavior training in that physical prompts were not utilized. The levels which were commonly measured during verbal behavior training sessions are represented by levels 7 through 4. When teaching a client to identify objects by pointing, levels 7 through 1 were measured as pointing was essentially an instruction following task coupled with object discrimination. Tape recordings were made of each session for the purpose of recording verbal instructions, modeling and verbal prompts. Coded data sheets were utilized to obtain information on gestural and physical client interaction levels. When conducting group sessions utilizing this system the instructors had to account for the variable of modeling which existed when working with individuals in the group. After the instructor worked with one individual the others might imitate that individuals response when their turn occured. When collecting data in group situations the instructor had to account for clients prompting or attempting to assist clients who did not respond to instructor cues or prompts (Jackson,and Antonelli, 1978; Antonelli, 1974; Antonelli, Chantry, and Jackson, 1973; Berman, 1973).

Reliability. Reliability studies were an important aspect of data based systems involving recording staff-client interaction levels and performance of target behaviors. Reliability studies by Jackson and Antonelli (1978) reported a reliability of .90 to 1.00 in the ward environment. The 9 point scale reliability studies have averaged .92 to 1.00 among trained observers. Reliability was determined by the percent agreement among two observers rating the same behaviors

of each client simultaneously (Antonelli, Olson, and Fodor, 1978; Antonelli, et.al., 1978a & b).

Insert Table 1 and 2 about here.

Discussion

Data based systems such as the one described in this study provide program teams with a basis for describing the independence of clients in performing daily activities as well as in training settings (Jackson and Antonelli, 1978). The data based system provides staff with an emperical basis for rating clients on adaptive behavior scales or assessment instruments such as the Lincoln Behavior Scale (1975). The data system described in this study is designed to address the following questions asked in client progress reviews. 1. How independently and consistently can the client perform skills? 2. How much of a task can the client perform without assistance? 3. What kinds of assistance does the client require to perform tasks or behave in an acceptable manner?

The utilization of a tape recorder to record client and instructor interaction during training sessions was not adequate when used alone because gestural, physical, and proximity variables would not be accounted for. The present evaluation system provides the therapist with the following information and application:

1. Provided information regarding what levels of staff-client interaction will stimulate an acceptable response during group sessions or individualized sessions.

2. Provided a record of the amount of assistance given by staff to residents in order for tasks or behaviors to be completed (Jackson and Antonelli, 1978).

3. Identified specific criterion for independent functioning which can be applied with retarded and non-retarded individuals who are being taught skills.

4. Provided objective data for evaluation of training programs and client progress (Jackson and Antonelli, 1978).

5. Provided objective data for periodic client data summaries and ratings on adaptive behavior scales.

6. Provided a communication system across program areas and within program areas.

7. Reliability sessions provide a basis for staff inservice training and maintenance of observation skills.

8. A basis for providing feedback to clients and staff, program accountability and evaluating reinforcer effectiveness (Antonelli and Haseley, 1974; Jackson and Antonelli, 1978; Schnitker and Boeker, 1978; Antonelli, 1974).

9. Provided a basis for defining self management, or self independence with severely and profoundly retarded persons.

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Table 1

Staff-Client Interaction Level Criterion

Nine Point Rating Scale

Always provide the client with the opportunity to perform at his most independent level. Begin at level 9; if the client does not perform, go to level 8; if the client does not perform, go to Level 7... etc., until the client performs the task.

9. Self-initiates task (completes task):

   The client will obtain task materials and initiate task, complete task, and put materials away without any assistance specified in 2 through 8.

8. Completes task with trainer proximity:

   The client will be rated 8 under the following condition:

   a. The client will perform the task completely after task materials are presented. The trainer is present in the training area but does not interact with assistance levels 2 through 7. The client will not respond to assistance level 9.

7. Completes task when verbal instructions are given prior to task:

   The client will be rated 7 under the following condition:

   a. The client will perform the task completely after being instructed to perform the task. The client will not require physical prompts, demonstrations or models, gestures or any additional verbal prompts after the initial verbal instruction. The client will not respond to assistance levels 8 through 9.

6. Completes task with verbal instructions and trainer proximity:

The client will be rated 6 under the following conditions:

a. The client will perform the task while receiving verbal prompts on the complete task or on specific components of the task. No physical contacts or prompts are required. No models or demonstrations are required. No gestures--pointing, eye shifting, arm gestures or head nodding. The client has not responded to assistance levels 7 through 9.

5. Completes task with verbal instruction and gestural prompt:

The client will be rated 5 under the following conditions:

a. The client will perform the task requiring verbal prompts and gestures on the complete task or on specific components of the task.

b. Gestures are defined as pointing, arm gestures, head nodding, eye shifting. No physical contacts or prompts are required. No models or demonstrations are required. The client has not responded to assistance levels 6 through 9.

4. Completes task with modeling demonstration and verbal instructions:

The client will be rated 4 under the following conditions:

a. The client will perform the task after a modeling demonstration and verbal instructions are given and may require further demonstration on any part of the task. No physical assistance is required. The client has not responded to assistance levels 5 through 9.

3. Completes task with intermittent physical assistance:

The client will be rated 3 under the following conditions:

a. The client will perform at least one component of the task not requiring complete manual guidance.

b. The client will perform at least one component of the task not requiring continual physical contact. The client has not responded to assistance levels 4 through 9.

2. Completes task with continuous physical assistance:

The client will be rated 2 under the following conditions:

a. The client will perform the task from initiation to completion only if he is manually guided to perform all components of the task.

b. The client will perform the task from initiation to completion only if physical contact is made continually from beginning of task to completion. This physical contact may not be related to performance on components but may be resting a hand on the client's shoulder. The client has not responded to assistance levels 3 through 9.

1. Fails to complete task:

The client will be rated 1 under the following condition:

a. The client does not perform any components of the task. Does not perform task even when complete manual guidance is provided. The client has not responded to assistance levels 2 through 9.

Table 2

Example of Task Analyzed Procedure
Social Interaction Skills

Instructions to therapist. State the client's name prior to giving instructions. Change the order in which you present the steps; (Do not always begin with step 1.) when instructing the client to come to you, stand in different locations in your training site. Begin activity with clients seated at the table. *Step 4 of Activity I--Put the edible on the table top in front of the client.

Activity I (Basic)	Client
1. Touch my (therapist's) hand.	1. Touches therapist's hand.
2. Touch the table.	2. Touches table.
3. Touch the chair.	3. Touches chair.
*4. Pick up the (reinforcer or candy).	4. Picks up edible.
5. Stand.	5. Stands up.
6. Sit.	6. Sits in chair.
7. Come to me.	7. Walks or wheels chair to therapist.
8. Touch the __(object).	8. Extends hand and touches object.

Activity II (Compliance)	Client
1. Stand up.	1. Stands up.
2. Come here.	2. Walks or wheels chair to therapist.
3. Go to the ___(table, etc.).	3. Walks or wheels chair to location.
4. Sit down.	4. Sits in chair.
5. Pass the _(object)_ to _____ (client's name).	5. Obtains and passes item.
6. Give the ____to me (therapist).	6. Obtains and gives item to therapist.
7. Go to the____and pick up the ____(bject).	7. Walks to location and picks up object.
8. Line up and go to ____ (living unit, etc.).	8. Lines up with group.

Sanding Skill

Target behavior: Resident will upon command obtain sandpaper and wood and sand the wood with a back and forward sliding motion of the sandpaper over the wood.
Equipment: Sandpaper, wood, participant, reinforcers.

R-1 Resident obtains or is presented with sandpaper and wood.
R-2 Resident picks up sandpaper in one hand.
R-3 Resident holds wood stable with other hand.
R-4 Resident places grain of sandpaper against wood.
R-5 Resident slides in a backward and forward motion, the sandpaper against the wood (sanding).
R-6 Resident puts material away.